



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY  
2480 LLEWELLYN AVENUE  
FORT GEORGE G. MEADE, MARYLAND 20755-5800

REPLY  
ATTENTION OF

3 September 2002

POLICY STATEMENT NO. 15

CONFIDENTIALITY OF PATIENT INFORMATION

1. **Policy.** Department of the Army policy states that medical confidentiality for all patients will be protected as fully as possible. Within Department of the Army, medical information will be used in the diagnosis, treatment, and prevention of medical and dental conditions. It also will be used in connection with the health of a command to monitor the delivery of health care services, medical research, medical education, and other official purposes. Unauthorized disclosure of medical information is grounds for administrative or disciplinary action against the informant.

2. **Staff guidelines.** This Policy Statement applies to all staff members assigned or attached to Kimbrough Ambulatory Care Clinic, its subordinate activities, outlying U.S. Army health clinics, occupational health clinics, industrial hygiene clinics, and alcohol and drug abuse clinics.

a. **Confidentiality of patient information.**

(1) Generally, medical treatment facility medical information includes all information that pertains to evaluations, findings, diagnosis, or treatment of a patient. The terms also include any other information given to Army Medical Department health personnel in the course of treatment or evaluation. (Paramedical documents, such as immunization registers and dosimetry records, are not considered medical information even though they are kept in the same file with medical records.)

(2) Medical information is confidential and private. Personnel not involved in a patient's care or medical research are generally not entitled access to a patient's records. Exceptions to this restriction are allowed when access is required by law, regulation, or judicial proceeding; when access is needed for accreditation; or when access is authorized by a patient.

(3) Medical information is seen by clerical and administrative personnel. This access is necessary to a facility to process medical records properly; however, it does not give those persons any inherent right of access. Each of these persons have a professional and ethical obligation to keep medical information confidential.

(4) Disclosure and/or release of medical information within a medical record is governed by AR 40-66, chapter 2. All requests for release of medical information will be handled by the patient administrator or the medical record practitioner. At Kimbrough Ambulatory Care Center the Chief, Patient Administration Division is the release authority.

(5) Confidentiality also applies to information regarding employees and coworkers within Kimbrough Ambulatory Care Center, outlying U.S. Army health clinics, occupational health clinics, industrial hygiene clinics, and alcohol and drug abuse clinics, that a staff member learns during the course of his or her employment. This information will be treated with the same confidentiality as patient medical information.

(6) Army medical records are the property of the Government, and will remain in the custody of the military medical treatment facilities at all times, except when being transferred from one military medical facility to another. This medical record is the Government's record of the medical care that it has rendered. Positive control of these records is essential for good medical care, quality assurance, and risk management.

b. **Confidentiality of non-medical information.** Personnel, payroll, billing, insurance, and demographic information, including homes addresses or an individual's date of birth, are also considered confidential and are covered by this policy.

c. **Confidentiality of patient related discussions.**

(1) A patient's medical confidentiality needs to be maintained when orally discussing a patient's medical condition. Such discussions should only take place where they cannot be overheard.

(2) It is never appropriate to discuss patient medical information outside of the medical facility, and never with family or friends.

d. **Release of information.** Disclosure and/or release of medical information within a medical record is governed by AR 40-66, chapter 2. All requests for medical information will be handled by the patient administrator or the medical record practitioner. At Kimbrough Ambulatory Care Center the Chief, Patient Administration Division is the release authority.

e. **Computer security.** Users logged into computers and terminals will not leave them unattended without exiting the system or involving password-protected security features, nor will users allow others to access or edit information under the users' passwords. If at any time a staff member suspects that his or her password is known by other personnel, he or she must change the password. Information Management Division will assist if the user requires assistance. All users are automatically prompted to change, and must change, their passwords periodically; Composite Health Care System users are required to change their passwords every 90 days, and local area network users are required to do so every 180 days.

f. **Facsimile transmissions.** Facsimile transmission (that is, faxing) of confidential patient information is authorized; however, the following statement must appear prominently on the cover sheets of all such faxes:

MCXR-Z

Policy Statement No. 15 - Confidentiality of Patient Information

*“ This facsimile transmission cover sheet and all documents which may accompany it (the message) contain information intended for the exclusive use of the addressee. This message may contain information that is privileged, patient-confidential or otherwise exempt from disclosure under applicable law. If you are not the addressee, you should refrain from examining this message. Any disclosure, dissemination, distribution, copying or other use of this message or its substance is prohibited. If you have received this message erroneously, please notify us immediately by telephone (see the phone number above) and return it to us by mail. Thank you.*

**FAX LEGAL”**

g. **Penalty for unauthorized release of information.** Unauthorized disclosure of medical information is grounds for administrative or disciplinary action against the informant.

h. **Penalty for unauthorized retrieval of information.** Unauthorized retrieval of medical information is grounds for administrative or disciplinary action against the informant. Access to patient information may be made only on a need-to-know basis.

3. MEDDAC Form Letter (FL) 200-R, Patient Confidentiality Acknowledgment Statement.

a. Upon assignment to a work area (initial assignments and reassignments), a copy of this policy statement will be issued to the employee (soldier, DA civilian and contract employee) by the chief (officer, NCO or civilian) of the work area. The employee will be required to read and sign MEDDAC FL 200-R (enclosed) upon initial assignment to the work area and annually thereafter (in January) while employed within the work area. The same copy of the form will be used for initial and annual update purposes. The chief will retain the form in the work area for three years following the end of the year (for example, 31 Dec 02) that the employee ceases to be employed there.

b. The Quality Improvement Coordinator will inspect the MEDDAC FLs 200-R maintained in work areas annually. Inspections at outlying clinics will be conducted during scheduled assistance visits.

c. Obtain additional copies of MEDDAC FL 200-R by reproducing them from this policy.

Encl  
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//Original Signed By//  
JOAN P. EITZEN  
COL, AN  
Commanding

DISTRIBUTION:

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**PATIENT CONFIDENTIALITY ACKNOWLEDGMENT STATEMENT**

*(For use of this form, see MEDDAC (Fort Meade) Policy Statement No. 15.)*

I, \_\_\_\_\_, acknowledge that I have received a copy of MEDDAC (Fort Meade) Policy Statement No. 15, subject: Confidentiality of Patient Information. I have read the policy statement and understand its contents and how it applies to my position. I understand that breach of this policy may lead to disciplinary action, up to and including dismissal. I also understand that I am to ask my supervisor if at any time I have questions concerning patient confidentiality.

Employee's signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Annual renewal of acknowledgment:**  
(In January of each year.)

**Employee's signature**

**Date signed**

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